

Virgin Islands

Title II | ADAP

State CARE Act Program Profile

CARE Act Funding History Since 1996

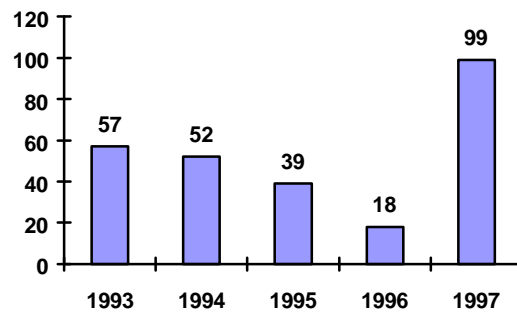
Fiscal Year	1996	1997		Total
Title I	\$0	\$0	\$0	\$0
Title II (including ADAP)	\$197,360	\$191,525	\$222,610	\$611,495
ADAP	(\$28,415)	(\$0)	(\$0)	(\$28,415)
Title III	\$0	\$0	\$0	\$0
Title IV	\$0	\$0	\$0	\$0
SPNS	\$0	\$0	\$0	\$0
AETC	\$0	\$0	\$0	\$0
Dental	\$0	\$0	\$0	\$0
Total	\$197,360	\$191,525	\$222,610	\$611,495

Number of CARE Act-funded Grantees in State (in addition to Title II and ADAP grants)

	1996	1997	1998
Title I	0	0	0
Title III	0	0	0
Title IV	0	0	0
SPNS	0	0	0
AETC (grantee or subcontractor)	0	0	0
Dental	0	0	0

HIV/AIDS Epidemic in the State: Virgin Islands

- ▶ Persons reported to be living with AIDS through 1997: 188
- ▶ New AIDS Cases by Calendar Year, 1993-1997
- ▶ Persons reported to be living with HIV infection (not AIDS) through 1997:
- ▶ State reporting requirement for HIV: No HIV reporting
- ▶ State AIDS Cases (cumulative) since 1993: 265 (<1% of AIDS cases in the U.S.)



Demographics of AIDS Cases Reported in 1997

	State-Specific Data	National Data
Men (13 years and up):	69%	78%
Women (13 years and up):	31%	22%

	State-Specific Data	National Data
<13 years old :	1%	1%
13-19 years old :	2%	1%
20+ years old :	97%	98%

	State-Specific Data	National Data
White:	5%	33%
African American:	58%	45%
Hispanic:	35%	21%
Asian/Pacific Islander:	0%	<1%
Native American/Alaskan Native:	0%	<1%
Other, unknown or not reported:	2%	

	State-Specific Data	National Data
Men who have sex with men (MSM):	14%	35%
Injecting drug user (IDU):	11%	24%
Men who have sex with men and inject drugs (MSM/IDU):	0%	4%
Heterosexual contact:	42%	13%
Other, unknown or not reported:	33%	24%

Pediatric Cases, by exposure category

	State-Specific Data	National Data
Hemophilia/coagulation disorder:	0%	<1%
Mother with/at risk for HIV infection:	100%	91%
Receipt of blood transfusion, blood components, or tissue:	0%	<1%
Other, unknown or not reported:	0%	8%

Co-morbidities

	State Cases per 100,000 Population	U.S. Cases per 100,000 Population
Chlamydia (1996)	9.9	194.5
Gonorrhea (1996)	10.8	124.0
Syphilis (1996)	9.9	4.3
TB (1997)	0.9	7.4

Statewide Coordinated Statement of Need (SCSN)

To enhance collaboration in HIV needs assessment and planning activities among CARE Act grantees and to maximize CARE Act resources statewide, Title II grantees were required to develop, in collaboration with other CARE Act grantees, an SCSN by March 1998. SCSNs must include: a discussion of existing needs assessments; epidemiologic data; discussion of emerging issues in HIV care in the state; critical gaps in HIV medical and support services; and broad goals to address major service gaps.

- ▶ **Gaps:** primary care; case management; financial assistance; housing; and psychological/emotional support services
- ▶ **Emerging Needs:** medications; viral load testing; and follow-up medical care for those receiving medications

Title II: Virgin Islands

Title II funds are provided to States and Territories to improve the quality, availability and organization of health care and support services for PLWH. From FY 1991 to FY 1998, more than \$1.9 billion in funding was appropriated for Title II programs in the U.S.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Formula Grant	\$197,360	\$191,525	\$222,610	\$611,495
ADAP (included in Title II grant)	(\$28,415)	(\$0)	(\$0)	(\$28,415)
Minimum Required State Match	\$0	\$0	\$0	\$0

AIDS Drug Assistance Program (ADAP): Virgin Islands

ADAPs provide medications to low-income PLWH with limited or no coverage from private insurance or Medicaid. ADAP is just one of multiple sources of public and private funding for HIV treatment, the largest source being Medicaid.

Funding History

Fiscal Year	1996	1997	1998	Total
Title II Funds	\$28,415	\$0	\$0	\$28,415
State Funds	\$0	\$0	\$0	\$0
Total	\$28,415	\$0	\$0	\$28,415

Program

- ▶ Medical Eligibility
 - ▶ HIV Infected: Yes
 - ▶ CD4 Count: No
- ▶ Financial Eligibility
 - ▶ Asset Limit: No
 - ▶ Annual Income Cap: No
- ▶ Co-payment: No
- ▶ Enrollment cap: No
- ▶ Waiting list as of 10/98: No
- ▶ Waiting list for protease inhibitors as of 10/98: No

AIDS Education and Training Centers: Virgin Islands

The AETCs are a network of 15 regional education centers (75 local performance sites covering all 50 states, Washington, D.C., Puerto Rico, and the Virgin Islands) funded by the CARE Act to train clinical health care providers, provide consultation and technical assistance and disseminate rapidly changing information for the effective management of HIV infection. Targeted providers are CARE Act-funded programs, federally funded community migrant health centers, and clinicians serving persons living with HIV infection. From FY 1991 to FY 1998, \$171 million was appropriated for AETC programs in the U.S.

- ▶ New York/Virgin Islands AETC
- ▶ States Served: New York and Virgin Islands
- ▶ Primary Grantee: Columbia University School of Public Health, New York, New York
- ▶ Subcontractors in State: None

Training Highlights from FY 1997

The AETC developed several initiatives with its performance sites to enhance adherence to antiretroviral therapy. For example, a program carried out by Bronx-Lebanon Hospital Center trains both clinicians and consumers on PHS treatment guidelines. The program focuses on the consumers' ability to discuss and choose their medication regimen with the guidance of the clinician.

The AETC is working to develop training programs to prepare the staff of managed care organizations (MCOs) to treat HIV/AIDS patients using national and state standards of care. AETC performance sites have made contact with MCOs in their catchment area to offer training, technical assistance, and support to MCOs confronting the complex needs of HIV/AIDS patients.

To address the need of inmates with HIV, the AETC collaborates with the Albany Medical Center in working with the New York State Department of Correctional Services to provide updated HIV-management education via a live satellite video conference series. The nationwide satellite video conferences target correctional health care providers and topics have included: antiretroviral therapies; HIV wasting and nutrition; CMV and Viral Hepatitis; and pain management.

St. Vincent's Hospital's HIV caseload includes a significant number of immigrants. To ensure that providers are sensitive to the cultural and social needs of immigrants, especially those in vulnerable situations, this performance site carries out a training program in collaboration with community-based organizations serving immigrant populations.